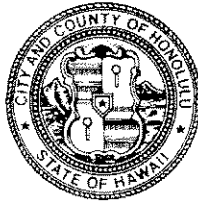


HONOLULU EMERGENCY SERVICES DEPARTMENT
CITY AND COUNTY OF HONOLULU
3375 KOAPAKA STREET, SUITE H450 • HONOLULU, HAWAII 96819-1814
TELEPHONE: (808) 723-7800 • FAX: (808) 833-3934

MUFI HANNEMANN
MAYOR



ELIZABETH A. CHAR, M.D.
DIRECTOR

April 14, 2008

The Honorable Barbara Marshall, Chair
and Members
Honolulu City Council
530 South King Street, Room 202
Honolulu, Hawaii 96813

Dear Chair Marshall and Councilmembers:

Subject: Request for Council Acceptance of a Gift to the City

We respectfully request the acceptance by the Council on behalf of the City and County of Honolulu, of a gift of \$20,000.00 to the City from the HMSA Foundation. This request is made under the provisions of Resolution No. 05-349, CD1, FD1. The Honolulu Emergency Services Department has not taken custody of the gift. We attach a proposed resolution for the favorable action of the Council.

This gift in the amount of \$20,000.00 from HMSA Foundation will be used to purchase training simulators for use in the Emergency Medical Services Training Academy.

Please feel free to call me at 723-7800, if you should have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "E. Char", followed by a long horizontal flourish.

Elizabeth A. Char, M.D.
Director

APPROVED:

A handwritten signature in cursive script, appearing to read "Wayne M. Hashiro", followed by a horizontal line.
Wayne M. Hashiro, P.E.
Managing Director

Attachment

RECEIVED

APR 17 9 16 AM '08
CITY CLERK
HONOLULU, HAWAII



RESOLUTION

RELATING TO THE ACCEPTANCE OF A GIFT TO THE EMERGENCY MEDICAL SERVICES DIVISION OF THE HONOLULU EMERGENCY SERVICES DEPARTMENT TO RECEIVE A GIFT FROM THE HMSA FOUNDATION IN THE AMOUNT OF \$20,000.00

WHEREAS, Section 13-113 of the Revised Charter of the City and County of Honolulu provides for the acceptance of gifts (which is hereby defined as the training simulators for use in the Emergency Medical Services Training Academy) to the City by the Council of the City and County of Honolulu; and

WHEREAS, Resolution 05-349, CD1, FD1, establishes guidelines for the solicitation and acceptance of gifts donated to the City executive agencies; and

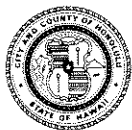
WHEREAS, the guidelines provides for acceptance of the gift by affirmative action by the Council; and

WHEREAS, through a letter dated April 14, 2008, the Director of the Honolulu Emergency Services Department has submitted a request to the Council that was approved by the Managing Director for the acceptance of a gift from the HMSA Foundation in the amount of \$20,000.00; and

WHEREAS, the description and value of the gift are set forth in the Declaration of Gift (Exhibit A) and attached hereto; now, therefore,

BE IT RESOLVED, by the Council of the City and County of Honolulu that this body accept the gift in the amount of \$20,000.00 that is more fully described in the Declaration of Gift from the HMSA Foundation; and

ESDHMSA.R08



CITY COUNCIL
CITY AND COUNTY OF HONOLULU
HONOLULU, HAWAII

No. _____

RESOLUTION

BE IT FINALLY RESOLVED that the Clerk is hereby directed to transmit a certified copy of this Resolution to the Director of the Honolulu Emergency Services Department.

INTRODUCED BY:


DATE OF INTRODUCTION:

Honolulu, Hawaii

Councilmembers

EXHIBIT A

City and County of Honolulu

DECLARATION OF GIFT	
NAME OF DONOR	HMSA Foundation
DONOR'S ADDRESS	818 Keeaumoku Street, P.O. Box 860 Honolulu, Hawaii 96808
DONOR'S TELEPHONE	(808) 948-5585
STATEMENT OF OWNERSHIP AND/OR TERMS OF CONVEYANCE	
<p>The HMSA Foundation, informs us that the \$20,000.00 grant to the City and County of Honolulu Emergency Medical Services was approved. Payment of grant gift will be made after receipt by the Foundation of a signed copy of the contract and after any respective special conditions are met. Pursuant to federal law and the Foundation's Articles of Incorporation, grant gift may be expended only for charitable, scientific, literary or educational purposes. Grant funds will be used solely for such purposes and in accordance with the approved budget.</p>	
DESCRIPTION OF GIFT	VALUE
Purchase "Training Simulators" for use in the Emergency Medical Services Training Academy.	\$ 20,000.00
Signature: 	Date: 4/4/08
Print Name: Mr. Mark L. Forman	Title: Executive Administrator